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EBMT 2015 - Working Party Abstract

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Association of Aplastic Anemia and lymphoid neoplasms, pure coincidence?

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Please indicate for which working party you are submitting: Severe Aplastic Anaemia

Abstract:

Introduction

Association between aplastic anemia (AA) and lymphoid neoplasms is unusual and represent a challenge. We do not yet know whether there is causality in this association or simply coincidence. Data related to frequency, diagnosis and management of patients with such an association are lacking. The SAAWP of the EBMT aimed to collect information of patients with AA and a lymphoid neoplasm according two-step procedures.

Material and methods

First, a search for this association was performed within the registry of the EBMT. Patients who developed either AA or lymphoma after hematopoietic stem cell transplantation (HSCT) were excluded for this analysis, because bone marrow failures emerging after HSCT may represent the loss of the graft, and the occurrence of a lymphoma after HSCT represents a complication of the transplantation, the so-called post-transplant lymphoproliferative disorder. Both situations do not belong to the scope of this study.

In a second step, centers who reported a case were asked for more detailed information concerning type of therapy and outcome for each disease. Since we hypothesize an underreporting of such association in non-severe AA, centers reporting AA patients to the EBMT registry were contacted and asked to inform about any additional case with such an association

Results

So far, we detected 8 cases reported by 7 different centers (202=1; 205=1; 231=1; 253=2; 539=1; 565=1 and 590=1) from 6 different countries within the EBMT registry. Four patients were treated with HSCT after both diagnoses, and 4 patients were treated with immunosuppression therapy (IST) for AA. In 5 cases the AA was the first diagnosis, and lymphoma was diagnosed afterwards. Time between both diagnoses was shorter than 1 year in three cases (4, 9 and 11 months), and longer in 2 cases (36 and 84 months). Three cases had an initial diagnosis of lymphoma and many years later developed AA (4, 12 and 36 years). All 8 patients were diagnosed with a non-Hodgkin lymphoma (diffuse large B-cell lymphoma=3; follicular lymphoma=1, without further information available= 4). Patients treated with IST had a median survival of 81 months (54-123), all were alive with remission of both diseases at last control. 3 out of 4 patients who underwent an allogeneic HSCT were alive and in remission for both diseases at last control, median survival post-HSCT was 20 months (3-45).

Conclusions

This very preliminary data confirm the uncommon association between AA and lymphoid neoplasms. This is an ongoing study, data collection will continue until February 2015, an extended up-dated analysis will be presented during the 41th Annual Meeting of EBMT.

Disclosure of Interest: None Declared

Keywords: Aplastic Anemia, HSCT recipients, Lymphoma